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Bib Data Sheet

CONFIRMATION NO. 8883

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER 09/837,353 | FILING DATE 04/17/2001 RULE | CLASS 623 | GROUP ART UNIT 3731 | ATTORNEY DOCKET NO. ENDOV-55710 |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------------|

APPLICANTS

David T. Pollock, Redwood City, CA;
Arnold M. Escano, Santa Clara, CA;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/546,966 04/11/2000 *yes ✓*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/29/2001

| | | | | | |
|---------------------------------|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 14 | TOTAL CLAIMS 25 | INDEPENDENT CLAIMS 5 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>up</i> | | | | |
| Verified and Acknowledged | Examiner's Signature <i>up</i> | Initials | | | |

ADDRESS

24201

TITLE

Single-piece endoprosthesis with high expansion ratios

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|--------------------------------|---|--|
| FILING FEE RECEIVED 1090 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|--------------------------------|---|--|